

Voluntary Petition (This page must be completed and filed in every case)		Page 2 of 44 Reichenbach, Steven M	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -		Case Number:	Date Filed:
District:		Relationship:	Judge:
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Steven M Reichenbach</u> Signature of Debtor Steven M Reichenbach X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) <u>October 10, 2005</u> Date		Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X <u>/s/ Stephen J. Costello</u> <u>October 10, 2005</u> Signature of Attorney for Debtor(s) Date Stephen J. Costello 6187315 Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. _____ Printed Name of Bankruptcy Petition Preparer _____ Social Security Number (Required by 11 U.S.C. § 110(c).) _____ Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer _____ Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	
Signature of Attorney X <u>/s/ Stephen J. Costello</u> Signature of Attorney for Debtor(s) Stephen J. Costello 6187315 Printed Name of Attorney for Debtor(s) Costello & Costello Firm Name 19 N. Western Ave. (RT 31) Carpentersville, IL 60110 Address Email: steve@costellolaw.com 847-428-4544 Fax: 847-428-4694 Telephone Number October 10, 2005 Date		Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date	

United States Bankruptcy Court
Northern District of Illinois, Western Division

In re **Steven M Reichenbach**,
Debtor

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	10,400.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		62,434.91	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,022.20
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,870.00
Total Number of Sheets of ALL Schedules		26			
Total Assets			10,400.00		
Total Liabilities				62,434.91	

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit with Landlord	-	700.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Two rooms household furniture, furnishings & supplies including a computer.	-	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Necessary wearing apparel	-	200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

Sub-Total > **1,400.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re Steven M Reichenbach, Case No. _____
Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Dodge Ram (over 60,000 miles)	-	8,500.00
		1993 ford Crown Victoria	-	500.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed.	X			

Sub-Total > **9,000.00**
(Total of this page)
Total > **10,400.00**

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re Steven M Reichenbach, Case No. _____
Debtor

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

[Check one box]

- ☐ 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
☒ 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
<u>Security Deposits with Utilities, Landlords, and Others</u>			
Security Deposit with Landlord	735 ILCS 5/12-1001(b)	700.00	700.00
<u>Household Goods and Furnishings</u>			
Two rooms household furniture, furnishings & supplies including a computer.	735 ILCS 5/12-1001(b)	500.00	500.00
<u>Wearing Apparel</u>			
Necessary wearing apparel	735 ILCS 5/12-1001(a)	200.00	200.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2001 Dodge Ram (over 60,000 miles)	735 ILCS 5/12-1001(c)	1,200.00	8,500.00
	735 ILCS 5/12-1001(b)	800.00	

Form B6D
(12/03)

In re Steven M Reichenbach, Case No. _____
Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
		H W J C						
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							0.00	

0 continuation sheets attached

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 21431 Advanced Cardiology Consult 915 Center Street Suite 2002 Elgin, IL 60120	-	2004 Med services				14.25
Account No. Anthony Thomas MD Quest Diagnostics 1355 Mittel Blvd Wood Dale, IL 60191	-	2003 med. services				13.61
Account No. 4218168904;7233174 Barrington Radiology & Imaging Illinois Collection Service Inc PO Box 646 Oak Lawn, IL 60454-0646	-	12/10/03 & 12/26/03 Med Services				326.00
Account No. 003604 Beacon Hill Dental 2000 Larkin - Suite 204 Elgin, IL 60123	-	2004 Dental services				510.00
Subtotal (Total of this page)						863.86

14 continuation sheets attached

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 073 274 223 4 BP Amoco Processing Center Des Moines, Ia 50360-6600	-	2004 to 2005 Credit card charges				662.94
Account No. 04088660-01 Brad Epstein MD 2350 Royal Blvd Elgin, Il 60123	-	2004 Med. services				558.00
Account No. Bradley Shapiro MD	-	2004 Med. services				700.34
Account No. 4862 3623 7131 2128 Capital One Platinum Visa P O Box 85015 Richmond, Va 23285-5015	-	2002 to 2005 Credit card charges				1,500.00
Account No. Caremark Therapeutic Svcs	-	2005 Med. services				1,309.86
Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,731.14

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. A0509500003	-		2/19/05 Med services				548.00
Centegra Health System Memorial Medical Center P O Box 1990 Woodstock, IL 60098							
Account No. A04341-00330	-		12/06/04 Med Services				74.00
Centegra Health System Memorial Medical Center P O Box 1990 Woodstock, IL 60098							
Account No. A05095-00006;A05074-00091	-		A0413100252 / 2004 & 2005 years Med. services				5,823.06
Centegra Health System Memorial Medical Center P O Box 1990 Woodstock, IL 60098							
Account No. 1000-3447	-		2005 Srvices				180.00
Christopher L Ivers DC PO Box 1379 Crystal Lake, IL 60039-1379							
Account No. 142 138 544	-		2004/05 Credit card charges				822.01
Citgo PO Box 9095 Des Moines, IA 50368-9095							
Sheet no. <u>2</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							7,447.07

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. ASO149048811;Ref#002715367		2004				
Citibank (South Dakota)NA c/o LTD Financial Svcs 7322 Southwest Freeway #1600 Houston, TX 77074	-	Credit card charges				710.19
Account No. 5121 0718 5361 3812		1998 to 2005				
Citibank-Sears c/o Alliance One Rec.Mgmt 1160 Centre Pointe Dr-#1 Mendota Heights, MN 55120	-	Credit card charges				5,193.20
Account No. 142138544		2003/04				
Citicorp Credit Services CBE Group Inc P O Box 2547 Waterloo, IA 50704-2547	-	Services				822.01
Account No.		2004/05				
Clark P O Box 659794 San Antonio, Tx 78165-5251	-	Services				500.00
Account No. Various accounts		2005				
Conchita Gavino MD 87 N Airlite #210 Elgin, IL 60123	-	Med services				146.22
Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						7,371.62

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2003				
Daniel Haller MD 5911 W Northwest Hwy #108 Crystal Lake, IL 60014	-	med. services				124.50
Account No. various accounts		2004				
David A Birnbaum MD 1585 N Barrington Rd -#201 Hoffman Estates, IL 60194	-	Med. services				253.65
Account No. 6011 0072 9010 8827		2000 to 2005				
Discover Platinum Card P O Box 15251 Wilmington, De 19886-5251	-	Credit card charges				10,000.00
Account No. 4237 0907 4197 6391		2000 to 2005				
Earthmover Credit Union Visa P O Box 30495 Tampa, FL 33630	-	Credit card charges				2,680.95
Account No. 8159		2004				
Family Dentistry of Woodstock 142 Washington Woodstock, IL 60098	-	Dental services				70.00
Sheet no. 4 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						13,129.10

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 71315	-	-	2004 Med services				70.27	
Fox Valley Laboratory Phys P O Box 5133 Chicago, Il 60680-5133								
Account No.	-	-	2003 Med services				801.90	
Good Shepard Hospital P O Box 70014 Chicago, Il 60673								
Account No. 19692; 19755	-	-	2004 Med services				127.05	
Greater Barrington FHC PC P O Box 957258 Hoffman Estates, Il 60194								
Account No. File #03-09168-0	-	-	2003/04 Med. services				280.00	
Horizons Behavioral Health c/o Law Firm Michling Hofmann et al 101 N Throop Street Woodstock, IL 60098								
Account No. 5407 9150 1353 1899	-	-	2004 to 2005 Credit card charges				724.44	
Household Bank Mastercard PO Box 80084 Salinas, Ca 93912-0084								
Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,003.66

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 250941		2004				
KO Fleet Maintenance		repairs				
765 Villa	-					
Elgin, IL 60120						943.99
Account No. 404-1-0000462441		2005				
Lake/McHenry Pathology Assoc		Med services				
520 E 22nd Street	-					
Lombard, IL 60148						12.00
Account No. REIST000		2004				
Lee Lichtenberg MD		Med. services				
302 Randall Rd, Ste. 307A	-					
Geneva, IL 60134						32.76
Account No.		5/14/04				
Lee Lichtenberg, MDSC		Med. services				
c/o A/R Concepts, Inc	-					
33 W Higgins Rd-Ste 715						
Barrington, IL 60010						32.76
Account No. K62152;K62153;Ref#sr092055be		2004				
Lifeline Ambulance		Ambulance service				
c/o Rockford Mercantile	-					
2502 S Alpine Rd						
Rockford, IL 61108						694.00
Sheet no. 6 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,715.51

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 66 009 45 031		2003 to 2005				
Marathon Ashland 539 South Main Street Credit card center Findlay, OH 45840	-	Credit card charges				1,193.75
Account No. 04106955-01		2004				
Marcia Schmidt DC	-	Med services				66.00
Account No. 04045649-01		2004				
Memorial Medical Center P O Box 1990 Woodstock, Il. 60098	-	Med. services				366.41
Account No. Ref#A0413100252; Acct#645090		2004				
Memorial Medical Center c/o ACC International 919 Estes Court Schaumburg, IL 60193-4427	-	Med. services- notice purposes only				0.00
Account No. 8040-8448		2005				
MHS Physician Services PO Box 5081 Janesville, Wi 53547-5081	-	Med services				353.70
Sheet no. <u>7</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,979.86

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. MNI904341003302;1905103003125		2005				
Med services	-					
Moraine Emergency Phys						
PO Box 8759						
Philadelphia, Pa 19101-8759						347.30
Account No. 902044001078 0083532		2003				
Med. services	-					
Moraine Emergency Physicians						
NCO Financial Systems Inc.						
507 Prudential Road						
Horsham, PA 19044						183.08
Account No. 1943939940		2004				
Services	-					
NetZero/United Online Co						
United Online Collections						
P O Box 5006-BD						
Woodland Hills, CA 91365-9637						29.90
Account No. 34735611;File#28-01524-0		2004				
Med. services	-					
Northwest Community Hospital						
c/o Revenue Production Mgmt						
P O Box 925						
Des Plaines, IL 60018-0925						259.83
Account No. 34735611		2004				
Med. services - notice purposes only	-					
Northwest Community Hospital						
c/o C B Accounts, Inc						
1101 Main Street						
Peoria, IL 61606						0.00
Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						820.11

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Various accounts	-		2004/2005 Med services				6,108.21
Northwest Health Care 2360 Hassell Rd - Ste F Hoffman Estates, IL 60195-2171							
Account No. 8434735611	-		2003/04 Med. services				16.80
Northwest Radiology Assoc c/o KCA Financial Svcs 628 North St-PO Box 53 Geneva, IL 60134							
Account No. 000114529	-		2004 Med. services				324.55
Northwest Suburban Imaging Associates SC 34659 Eagle Way Chicago, IL 60678-1346							
Account No. File#08-051533200;08-050611222	-		2004 Med. services - notice purposes only				0.00
Northwest Suburban Imaging c/o Merchants Credit Guide 223 W Jackson Blvd Chicago, IL 60606							
Account No. 6011 5491 0406 6105	-		Revolving credit plan				2,000.00
NTB Credit Plan P O Box 8181 Gray, Tn 37615-8181							
Sheet no. <u>9</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							8,449.56
Subtotal (Total of this page)							

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 130 742 974 4		-	2004/05 Credit card charges				569.69
Phillips 66 Credit Card P O Box 9104 Des Moines, Ia 50368-9140							
Account No. DB0057682636		-	1/06/04 Med. services				633.29
Provena St Joseph Hospital Armor Systems Corporation 2322 N Green Rd Waukegan, IL 60087							
Account No. 4185 8615 8592 7084		-	2002 to 2005 Credit card charges				1,203.55
Providian Processing Svcs. P O Box 660433 Dallas, Tx 75266-0433							
Account No.		-	2003/04/05 Med services				252.12
Quest Diagnostics P O Box 64500 Baltimore, Md 21264-4500							
Account No.		-	2003 Med. services				480.37
Quest Diagnostics P O Box 64500 Baltimore, Md 21264-4500							
Sheet no. 10 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							3,139.02

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 12640880769;12614011708	-		2003 Med. services				123.00
Quest Diagnostics American Medical Collections 2269 S Saw Mill River Rd-Bldg 3 Elmsford, NY 10523							
Account No.	-		2003 Med. services				11.07
R Rieger MD 2525 Kaneville Rd Geneva, IL 60134							
Account No. 04014057-01	-		2003 Med. services				82.00
R Rieger MD 87 N Airlite St - #120 Elgin, IL 60120							
Account No. 552207	-		2004 Dental services				486.00
Riverbend Dentistry c/o Computer Collection Svc 5340 N Clark St Chicago, IL 60640							
Account No. 2804	-		2004 Dental services - notice purposes				0.00
Riverbend Dentistry 115 S Grove Ave Elgin, IL 60120							
Sheet no. <u>11</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							702.07
Subtotal (Total of this page)							702.07

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5120060201011			2003				
Robert G Romolo, DO 2645 Washington St. #325 Waukegan, IL 60085		-	med services				
							3.90
Account No. 46148			2004				
Ruby Sabbagha, M.D. 680 Lake Shoe Dr, #1430 Chicago, IL 60611		-	Med. services				
							112.05
Account No. Various accounts			2003 & 2004				
Scott M Hagey MD 900 N Westmore Land Rd #125 Lake Forest, IL 60045		-	Med. services				
							17.49
Account No. 149 048 811			2004 to 2005				
Shell Credit Card Center P O Box 9151 Des Moines, Ia 50368-9151		-	Credit card charges				
							710.19
Account No. vaious accounts			2004/2005				
Sherman Hospital 934 Center Street Elgin, IL 60120-2198		-	Med. services				
							5,104.57
Sheet no. 12 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							5,948.20

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0082075650 Sherman Hospital c/o Harris & Harris, Ltd 600 W Jackson Blvd. #400 Chicago, IL 60661	-	2004 Med. services - notice purposes only				372.12
Account No. 90028698 Sherman Hospital 934 Center Street Elgin, IL 60120	-	12/15/04 Med. services				101.14
Account No. 04097611-01 Subba Raju MC 934 Center Street Elgin, IL 60123	-	2004 Med. services				4.25
Account No. 14688 Suburban Women's Health 2350 Royal Blvd Ste 600 Elgin, IL 60123	-	2004 Med. services				558.00
Account No. 9 287 450 473 90 Target National Bank c/o Target Credit Services P O Box 1581 Minneapolis, MN 55440-1581	-	2004/2005 Credit card charges				499.22
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,534.73

Form B6F - Cont.
(12/03)

In re **Steven M Reichenbach**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2004				
Todd Gephart, MD	-	Med services				1,145.92
Account No. 107-1-0000278761		2005				
Town Square Anesthesia, LLC 520 E 22nd Street Lombard, IL 60148	-	Med. services				1,360.00
Account No. A512-0060201-01		2003				
Tri-County ER Physicians PO Box 369 Barrington, IL 60010	-	Med services				70.40
Account No. 20112		2004				
Urology Ltd 745 Fletcher Dr., Ste 301 Elgin, IL 60123	-	Med. services				6.88
Account No. 3986756 - 106-278761		2004				
Woodstock Imaging Associates c/o OSI Collection Svcs 1375 E Woodfield Rd #110 Schaumburg, IL 60173-5447	-	Med. services				16.20
Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,599.40
(Report on Summary of Schedules)						Total 62,434.91

In re Steven M Reichenbach, Case No. _____
Debtor

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re Steven M Reichenbach,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

0 continuation sheets attached to Schedule of Codebtors

In re **Steven M Reichenbach**

Debtor(s)

Case No.

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Divorced	RELATIONSHIP Kaitlin Reichenbach-daugh	AGE 16 years
EMPLOYMENT	DEBTOR	SPOUSE
Occupation		
Name of Employer	Acme	
How long employed	4-1/2 years	
Address of Employer	Maple Avenue Carpentersville, IL.	

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

DEBTOR	SPOUSE
\$ 2,429.21	\$ N/A
\$ 0.00	\$ N/A
\$ 2,429.21	\$ N/A

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify)

\$ 301.52	\$ N/A
\$ 88.65	\$ N/A
\$ 16.84	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 407.01	\$ N/A
\$ 2,022.20	\$ N/A

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance

(Specify)

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

Pension or retirement income

Other monthly income

(Specify)

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

TOTAL MONTHLY INCOME

\$ 2,022.20	\$ N/A
--------------------	---------------

TOTAL COMBINED MONTHLY INCOME \$ **2,022.20**

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re **Steven M Reichenbach**

Case No. _____

Debtor(s)

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)		\$	700.00
Are real estate taxes included?	Yes <u> </u> No <u>X</u>		
Is property insurance included?	Yes <u> </u> No <u>X</u>		
Utilities:			
Electricity and heating fuel		\$	223.00
Water and sewer		\$	0.00
Telephone		\$	50.00
Other		\$	0.00
Home maintenance (repairs and upkeep)		\$	50.00
Food		\$	350.00
Clothing		\$	50.00
Laundry and dry cleaning		\$	40.00
Medical and dental expenses		\$	75.00
Transportation (not including car payments)		\$	210.00
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	0.00
Charitable contributions		\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)			
Homeowner's or renter's		\$	11.00
Life		\$	25.00
Health		\$	0.00
Auto		\$	86.00
Other		\$	0.00
Taxes (not deducted from wages or included in home mortgage payments)			
(Specify)		\$	0.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)			
Auto		\$	0.00
Other		\$	0.00
Other		\$	0.00
Other		\$	0.00
Alimony, maintenance, and support paid to others		\$	0.00
Payments for support of additional dependents not living at your home		\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	0.00
Other		\$	0.00
Other		\$	0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)		\$	1,870.00

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income		\$	2,022.20
B. Total projected monthly expenses		\$	1,870.00
C. Excess income (A minus B)		\$	152.20
D. Total amount to be paid into plan each	Monthly	\$	152.00
	(interval)		

United States Bankruptcy Court
Northern District of Illinois, Western Division

In re **Steven M Reichenbach**

Debtor(s)

Case No.

Chapter

13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **27** sheets *[total shown on summary page plus 1]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 10, 2005**

Signature **/s/ Steven M Reichenbach**

Steven M Reichenbach

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Form 7
(12/03)

**United States Bankruptcy Court
Northern District of Illinois, Western Division**

In re **Steven M Reichenbach**

Debtor(s)

Case No.

Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE (if more than one)
\$21,862.00	2005 Approx.
\$29,000.00	2004 Approx.
\$28,000.00	2003 Approx.

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None ☐ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------	----------------------	-------------	-----------------------

None ☐ b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Stephen J. Costello, Attorney 19 North Western Ave. (Rt. 31) Carpentersville, IL 60110	1/04/05,2/07/05,2/25/05,5/12/05	Paid \$194.00 court costs plus attorney fees

10. Other transfers

None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21. Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS TITLE NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT,
RELATIONSHIP TO DEBTOR DATE AND PURPOSE
OF WITHDRAWAL AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date October 10, 2005

Signature /s/ Steven M Reichenbach
Steven M Reichenbach
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Northern District of Illinois, Western Division

In re Steven M Reichenbach

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>2,200.00</u>
Prior to the filing of this statement I have received.....	\$	<u>506.00</u>
Balance Due.....	\$	<u>1,694.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. **None**

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Exemption planning;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding: negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: October 10, 2005

/s/ Stephen J. Costello

Stephen J. Costello 6187315

Costello & Costello

19 N. Western Ave. (RT 31)

Carpentersville, IL 60110

847-428-4544 Fax: 847-428-4694

steve@costellolaw.com

United States Bankruptcy Court
Northern District of Illinois, Western Division

In re	<u>Steven M Reichenbach</u>	Case No.	_____
	Debtor(s)	Chapter	<u>13</u>

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date:	<u>October 10, 2005</u>	<u>/s/ Steven M Reichenbach</u>
		Steven M Reichenbach
		Signature of Debtor

Steven M Reichenbach
601 S Jefferson St. - #1
Woodstock, IL 60098

Advanced Cardiology Consult
915 Center Street
Suite 2002
Elgin, IL 60120

Anthony Thomas MD
Quest Diagnostics
1355 Mittel Blvd
Wood Dale, IL 60191

Barrington Radiology & Imaging
Illinois Collection Service Inc
PO Box 646
Oak Lawn, IL 60454-0646

Beacon Hill Dental
2000 Larkin - Suite 204
Elgin, IL 60123

BP Amoco
Processing Center
Des Moines, Ia 50360-6600

Brad Epstein MD
2350 Royal Blvd
Elgin, IL 60123

Bradley Shapiro MD

Capital One Platinum Visa
P O Box 85015
Richmond, Va 23285-5015

Caremark Therapeutic Svcs

Centegra Health System
Memorial Medical Center
P O Box 1990
Woodstock, IL 60098

Centegra Health System
Memorial Medical Center
P O Box 1990
Woodstock, IL 60098

Centegra Health System
Memorial Medical Center
P O Box 1990
Woodstock, IL 60098

Christopher L Ivers DC
PO Box 1379
Crystal Lake, IL 60039-1379

Citgo
PO Box 9095
Des Moines, IA 50368-9095

Citibank (South Dakota)NA
c/o LTD Financial Svcs
7322 Southwest Freeway #1600
Houston, TX 77074

Citibank-Sears
c/o Alliance One Rec.Mgmt
1160 Centre Pointe Dr-#1
Mendota Heights, MN 55120

Citicorp Credit Services
CBE Group Inc
P O Box 2547
Waterloo, IA 50704-2547

Clark
P O Box 659794
San Antonio, Tx 78165-5251

Conchita Gavino MD
87 N Airlite #210
Elgin, IL 60123

Daniel Haller MD
5911 W Northwest Hwy #108
Crystal Lake, IL 60014

David A Birnbaum MD
1585 N Barrington Rd -#201
Hoffman Estates, IL 60194

Discover Platinum Card
P O Box 15251
Wilmington, De 19886-5251

Earthmover Credit Union Visa
P O Box 30495
Tampa, FL 33630

Family Dentistry of Woodstock
142 Washington
Woodstock, IL 60098

Fox Valley Laboratory Phys
P O Box 5133
Chicago, IL 60680-5133

Good Shepard Hospital
P O Box 70014
Chicago, IL 60673

Greater Barrington FHC PC
P O Box 957258
Hoffman Estates, IL 60194

Horizons Behavioral Health
c/o Law Firm Michling Hofmann et al
101 N Throop Street
Woodstock, IL 60098

Household Bank Mastercard
PO Box 80084
Salinas, Ca 93912-0084

KO Fleet Maintenance
765 Villa
Elgin, IL 60120

Lake/McHenry Pathology Assoc
520 E 22nd Street
Lombard, IL 60148

Lee Lichtenberg MD
302 Randall Rd, Ste. 307A
Geneva, IL 60134

Lee Lichtenberg, MDSC
c/o A/R Concepts, Inc
33 W Higgins Rd-Ste 715
Barrington, IL 60010

Lifeline Ambulance
c/o Rockford Mercantile
2502 S Alpine Rd
Rockford, IL 61108

Marathon Ashland
539 South Main Street
Credit card center
Findlay, OH 45840

Marcia Schmidt DC

Memorial Medical Center
P O Box 1990
Woodstock, IL 60098

Memorial Medical Center
c/o ACC International
919 Estes Court
Schaumburg, IL 60193-4427

MHS Physician Services
PO Box 5081
Janesville, WI 53547-5081

Moraine Emergency Phys
PO Box 8759
Philadelphia, PA 19101-8759

Moraine Emergency Physicians
NCO Financial Systems Inc.
507 Prudential Road
Horsham, PA 19044

NetZero/United Online Co
United Online Collections
P O Box 5006-BD
Woodland Hills, CA 91365-9637

Northwest Community Hospital
c/o Revenue Production Mgmt
P O Box 925
Des Plaines, IL 60018-0925

Northwest Community Hospital
c/o C B Accounts, Inc
1101 Main Street
Peoria, IL 61606

Northwest Health Care
2360 Hassell Rd - Ste F
Hoffman Estates, IL 60195-2171

Northwest Radiology Assoc
c/o KCA Financial Svcs
628 North St-PO Box 53
Geneva, IL 60134

Northwest Suburban Imaging
Associates SC
34659 Eagle Way
Chicago, IL 60678-1346

Northwest Suburban Imaging
c/o Merchants Credit Guide
223 W Jackson Blvd
Chicago, IL 60606

NTB Credit Plan
P O Box 8181
Gray, TN 37615-8181

Phillips 66 Credit Card
P O Box 9104
Des Moines, IA 50368-9140

Provena St Joseph Hospital
Armor Systems Corporation
2322 N Green Rd
Waukegan, IL 60087

Providian Processing Svcs.
P O Box 660433
Dallas, TX 75266-0433

Quest Diagnostics
P O Box 64500
Baltimore, MD 21264-4500

Quest Diagnostics
P O Box 64500
Baltimore, MD 21264-4500

Quest Diagnostics
American Medical Collections
2269 S Saw Mill River Rd-Bldg 3
Elmsford, NY 10523

R Rieger MD
2525 Kaneville Rd
Geneva, IL 60134

R Rieger MD
87 N Airlite St - #120
Elgin, IL 60120

Riverbend Dentistry
c/o Computer Collection Svc
5340 N Clark St
Chicago, IL 60640

Riverbend Dentistry
115 S Grove Ave
Elgin, IL 60120

Robert G Romolo, DO
2645 Washington St. #325
Waukegan, Il. 60085

Ruby Sabbagha, M.D.
680 Lake Shoe Dr, #1430
Chicago, Il 60611

Scott M Hagey MD
900 N Westmore Land Rd #125
Lake Forest, Il 60045

Shell Credit Card Center
P O Box 9151
Des Moines, Ia 50368-9151

Sherman Hospital
934 Center Street
Elgin, Il 60120-2198

Sherman Hospital
c/o Harris & Harris, Ltd
600 W Jackson Blvd. #400
Chicago, IL 60661

Sherman Hospital
934 Center Street
Elgin, Il 60120

Subba Raju MC
934 Center Street
Elgin, Il. 60123

Suburban Women's Health
2350 Royal Blvd Ste 600
Elgin, IL 60123

Target National Bank
c/o Target Credit Services
P O Box 1581
Minneapolis, MN 55440-1581

Todd Gephart, MD

Town Square Anesthesia, LLC
520 E 22nd Street
Lombard, Il 60148

Tri-County ER Physicians
PO Box 369
Barrington, Il 60010

Urology Ltd
745 Fletcher Dr., Ste 301
Elgin, Il 60123

Woodstock Imaging Associates
c/o OSI Collection Svcs
1375 E Woodfield Rd #110
Schaumburg, IL 60173-5447

STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341**INTRODUCTION**

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every six (6) years.

WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary — they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

/s/ Steven M Reichenbach

Debtor's Signature

October 10, 2005

Date